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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐

Declaration
Submitted
with Initial
Filing

OR

☒

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

J-3149

First Named Inventor

Stephen B. Leonard

COMPLETE IF KNOWN

Application Number

10 / 231,042

Filing Date

August 29, 2002

Art Unit

3751

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DUAL ACTION TOILET RIM MOUNTED TOILET BOWL CLEANER

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

August 29, 2002

as United States Application Number or PCT International

Application Number

10/231,042

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>	Customer Number or Bar Code Label		OR <input type="checkbox"/>	Correspondence address below
28165 PATENT TRADEMARK OFFICE				
Name Linda Blair Meier				
S.C. Johnson & Son, Inc.				
Address 1525 Howe Street, MS 077				
City Racine		State WI		ZIP 53403
Country USA		Telephone 262-260-2474		Fax 262-260-4253
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Stephen B.		Family Name or Surname Leonard		
Inventor's Signature 		Date 9/11/02		
Residence: City Franksville		State WI		Country USA
Citizenship USA				
Mailing Address 8629 Talamasca Drive				
City Franksville		State WI		ZIP 53126
Country USA				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Jerome J.		Family Name or Surname Veltman		
Inventor's Signature 		Date 10-1-02		
Residence: City Racine		State WI		Country USA
Citizenship USA				
6008 Fayette Drive				
Mailing Address				
City Racine		State WI		ZIP 53402
Country USA				
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box —▶ ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Megan L.		Polzin	
Inventor's Signature <i>Megan L Polzin</i>		Date <i>9/13/02</i>	
Residence: City	Racine	State	WI
Country	USA		
Citizenship USA			
Mailing Address 2615 Violet Ct.			
Mailing Address			
City	Racine	State	WI
ZIP	53402		
Country	USA		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael E.		Klinkhammer	
Inventor's Signature <i>Michael E. Klinkhammer</i>		Date <i>9/16/02</i>	
Residence: City	Racine	State	WI
Country	USA		
Citizenship USA			
Mailing Address 312 Augusta Street			
Mailing Address			
City	Racine	State	WI
ZIP	53402		
Country	USA		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
ZIP			
Country			

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